

OFFICE OF THE CITY CLERK
City and County of Honolulu
Honolulu Hale
Honolulu, Hawaii 96813-3077 C & C OF HONOLULU
Telephone: 768-3810

2010 DEC 28 AM 7: 56

## **DISCLOSURE OF FINANCIAL INTERESTS** PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2010

(PRINT OF	R TYPE CLEARLY)	
NAME G	ordon J. Bruce POSITION/ELECTIVE	OFFICE Director and CIO
DEPARTM	MENT/AGENCY Department of Information Technology	WORK PHONE 768-7601
HOME AD	DRESS	_ HOME PHONE.
NAME OF	SPOUSE_Cindy Bruce	
NAME(S)	OF DEPENDENT CHILD(REN)	
Check the	appropriate box and fill in any applicable dates:	
INI Yo	ITIAL STATEMENT: Date on which you assumed office or began employment in this po ou must file within twenty (20) working days after this date disclosing financial interests I	position November 29, 2010 held during the preceding calendar year.
AN pre	NNUAL STATEMENT: You are required to file not later than January 31 of each year di eceding year.	isclosing all financial interests held during the
LE file	EAVING OFFICE STATEMENT: You are leaving or have left your office one a statement within ten (10) working days before leaving office. You must disclose fina	and must ancial interests held during the preceding calendar year.
CA dis	ANDIDATE STATEMENT: You must file no later than ten (10) working days after the desclosing interests held during the calendar year preceding the due date of the statement	eadline for filing as a candidate for office t.
	VERIFICATION	
l d knowledge	leclare that I have used all reasonable diligence in preparing this form, that I have revie the information provided in this form is true and correct.	ewed Item Nos. 1 through 9, and to the best of my
Da	December 20 , 20 10 . Signature	

## **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. All items on the form must be completed. If you have no information to disclose under a particular item, check None. If additional space is required to complete an item, check Additional sheets attached attached. Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by range of value. You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

☐ None ☐ Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
			i	
			· ·	
		•		

	whatever the amount. Do rep Additional sheets attached	ort a secured op	nganon such a	s a nome mongage of	a car io	an. Do report student loans.
Person(s) Incurring De	ebt Credito	or	Original	Loan Amount		Amount Outstanding
					,	
more or equal to 109	ITERESTS IN BUSINESSES % or more of ownership of bus or state regulated financial ins osed under this item.	inesses incorpor	ated, regulated	d, or licensed to carry	on busir	ness in Hawaii. Do notreport
☑ None □	Additional sheets attached					
Owner(s)	Business Name and Address	Nature of	Business	Percentage of Inte	erest	Value of Interest
			•			

None	Additional s	Hawaii. heets attached		
Owi	nership or Interest	Date of Transfer		
organization	Be sure to report fi	iary positions include, but are not limited to, officerships erated for profit. Fiduciary positions also include be duciary positions in non-profit corporations.	, directorships, or positions as t eing a majority shareholder in	rustee in any business or a smalt or closely held
None	✓ Additional sl	neets attached		
	✓ Additional sl	Name & Address of Business or Organization	Term of Office	Annual Compensation
None			Term of Office	
None			Term of Office	
None			Term of Office	
None			Term of Office	

CREDITO	R INTERESTS IN	INSOLVENT BUSINESS worth \$5,0	000 or more.		
☑ None	Addition	al sheets attached			
	Holder	Name & Address	of Business	Nature of Busine	ss Value
•					
the preced	PERSONALLY RI ing calendar yea nd do not need to	EPRESENTED BEFORE CITY AGEN r. Do not report representation involute be disclosed.	CIES. Only repor ving ministerial r	I t representation for whic natters. "Ministerial m	ch you received compensation during atters" do not require discretionar
☑ None	☐ Addition	al sheets attached			
Represe	entative	Client	City	Agency	Nature of Representation
		•			

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findafan Davi namomo

None None	Additional sheets	attached			
Owner(s)	Тах Мар	Key Number & Stree	et Address	Value	Year Obtained
	·				
REAL PROPI	ERTY TRANSFERRED sitem, indicate the actua	. Only report real pr al amount of the trar	operty transferred in saction, even if it is	the City and County of Honoleless than the value (as in the	ulu during the preceding calen
None	Additional sheets		ŕ		
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Nur	mber & Street Address

## DISCLOSURE OF FINANCIAL INTEREST CITY & COUNTY OF HONOLULU For Calendar Year 2010 Attachment

(50% ownership)	E	12/24/2010	All Island Case Management Corporation	Gordon Bruce and Hoala Greevy
	0	8/5/2010	Susanne Hatje	Gordon Bruce
Street Address	Price	Date	Buyer/Donee	Seller/Donor
			REAL PROPERTY TRANSFERRED	9. REAL PROPER
2005		Ξ		Cindy Bruce
2005		m	(50% ownership)	Gordon Bruce and Cindy Bruce
2005		G	(50% ownership)5	Gordon Bruce and Cheryl To
Year Obtained	Year	Value	Tax Map Key Number & Street Address	Owners
			RTY OWNED	8. REAL PROPERTY OWNED
			:	
None	Ongoing	Board of Directors	Seagulf Schools 1300 Kailua Road, Kailua, Hawaii, 96734	Gordon Bruce
None	4/21/2005 to 6/30/2011	Board of Directors	Wireless Enhanced 911 Board State of Hawaii	Gordon Bruce
None	Ongoing	Board of Directors	CIO Council of Hawaii 650 S. King Street, 5th Floor Honolulu, Hawaii, 96813	Gordon Bruce
Annual Compensation	Term of Office	Position	Name & Address of Business or Oganization	Holder
			CSITIONS	5. FIDUCIARY POSITIONS
F		9.	Aurora Loan Services (50%)	Gordon Bruce
Amount Outstanding	mount	Original Loan Amount	3 Creditor	Person Incurring Debt
				2. CREDITORS
С	1/1/2010-12/31/10	Rental		Cindy Bruce
Α	1/1/2010-12/31/10	Rental	Phoenix Property (50% ownership)	Gordon Bruce
m .	1/1/2010-12/31/10	Nurse	Queens Medical Center	Cindy Bruce
В	1/1/2010-12/31/10	Consulting Services	GJB & Associates LLC	Gordon Bruce
F	1/1/2010-12/31/10	Director and Chief Information Officer	City and County of Honolulu	Gordon Bruce
Annual Income	When	Position/Service Rendered	Employer/Source	Recipent
				1. INCOME